## APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

described and claimed in the specification:

1

2

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COMPACT FULL-WIDTH ARRAY ARCHITECTURE WITHOUT SATELLITE AND BUTTING ERRORS

Check one *a.  b.	attached hereto. filed on as Appl	lication No and amen	ded on (if applicable).	
amended by any a I acknow Code of Federal R Under 1	mendment referred to abowledge the duty to disclose egulations, §1.56.  Fitle 35, U.S. Code §119	ve. e to the Office all informatio , the priority benefits of the	ents of the above-identified specification known to me to be material to patental following foreign application(s) and/o one year prior to this application are he	ability as defined in Title 37, or United States provisional
States of America		year prior to this application	ate on this invention were filed in count, or (b) before the filing date of the al	
	transact all business in the James A. C Kirk M. Ho Edward P. Mario A. C Joel S. Armstr	e Patent Office: Dliff, Reg. No. 27,075; Willi udson, Reg. No. 27,562; Th Walker, Reg. No. 31,450; F ostantino, Reg. No. 33,565; rong, Reg. No. 36,430; Chri	with full power of substitution and ream P. Berridge, Reg. No. 30,024; omas J. Pardini, Reg. No. 30,411; Robert A. Miller, Reg. No. 32,771; Stephen J. Roe, Reg. No. 34,463; stopher W. Brown, Reg. No. 38,025; aul Tsou, Reg. No. 37,956; and Reg. No. 38,565.	evocation to prosecute this
		CCTION WITH THIS APP VIRGINIA 22320, TELEP	PLICATION SHOULD BE SENT TO HONE (703) 836-6400.	O OLIFF & BERRIDGE,
own knowledge a were made with the	re true and that all statem ne knowledge that willful itle 18 of the United State	ents made on information a false statements and the like	ents of this Declaration, and that all stand belief are believed to be true; and the so made are punishable by fine or in all false statements may jeopardize the version of the statements of the statements.	further that these statements nprisonment, or both, under
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-		Given Name	Middle Initial	Family Name
**Inventor's S  **Date of Sign		1103 (Eduard	Miniano Freni	)
2		Month	Day	Year
Residence:		bster	New York	U.S.A.
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Post Office Addr (Insert complete		611 Cardile Drive		
	mailing address, including country)	Webster, New York 1458	0, USA	
*If Box (a.) is che	• • • • • • • • • • • • • • • • • • • •		to the specification (including claims).	

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a s le inventor applicati n)

l <i>Typewritten</i>					
of Second Joint Inv	ventor (if any)		Harry	Anderson	WILLIAMS
			Given Name	Middle Initial	Family Name
2 **Inventor's			fund	Gudenson	allhoin
**Date of Sig	gnature:		12/1	12	5093 2
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Residence:		Webster	r	New York	U.S.A.
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•	Post Office A	ete	1135 Rousseau Drive		
	mailing addre including cou		Webster, New York 14	580, U.S.A.	
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f Third Joint Inven			Gary	Α.	KNEEZEL
			Given Name	Middle Initial	Family Name
**Inventor's :  **Date of Sig	_				
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	Post Office Address: (Insert complete 1819 Woodard Road				
	mailing addre including cou		Webster, New York 14	580, U.S.A.	
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f Fourth Joint Inv	entor (if any)		Yoshihiko		FUЛMURA
			Given Name	Middle Initial	Family Name
**Inventor's :  **Date of Sig	_				
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f Fifth Joint Inven					
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Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

## (Discard this page in a sole inventor application)

Typewritten F of Second Joint Inve		Harry	Anderson	WILLIAMS
y secona some me		Given Name	Middle Initial	Family Name
**Inventor's S	ignature:			-
**Date of Sign	nature:			
		Month	Day	Year
Residence:	<del></del>	bster	New York	U.S.A.
	C	lity	State or Province	Country
Citizenship:				
	Post Office Address: (Insert complete mailing address,	1135 Rousseau Drive		
	including country)	Webster, New York	14580, U.S.A.	15
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f Third Joint Inven	tor (if any)	Gary Given Name	A.  Middle Initial	KNEEZEL Family Name
**Inventor's S	lionature:	Given Name	A Kneed	rainly Name
**Date of Sign		1-20-	December 3, 2003	
Date of Sig.		Month	Day	Year
Residence:	Wat	bster	New York	U.S.A.
		<del></del>	State or Province	Country
au i		ity	State of Province	Country
Citizenship:	United States of Ame	rica		
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	(Insert complete	1819 Woodard Road	!	
	mailing address, including country)	Webster, New York	14580 U.S.A	
<b>7</b>	-	Webster, New Tork	14300, 0.3.71.	<del></del>
Typewritten Full Name of Fourth Joint Inventor (if any)		Yoshihiko		FUJIMURA
, . voisii vuiit litve	(99)	Given Name	Middle Initial	Family Name
**Inventor's S	Signature:			-
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	including country)	Fujisawa-shi, Kanag	awa, 252-0815, JAPAN	
l Typewritten l	Full Name			
of Fifth Joint Invent				
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Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

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## PAGE 2 OF U.S.A. DECLARATION FORM (Discard this page in a sole inventor application)

1 <i>Туре</i> н	ritten Full Name			
of Second Joint In	ventor (if any)	Harry	Anderson	WILLIAMS
		Given Name	Middle Initial	Family Name
	entor's Signature:			
**Date	e of Signature:			
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Residence:		Vebster	New York	U.S.A.
		City	State or Province	Country
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f Fourth Joint Inv	rentor (ij any)	Yoshihiko Given Name	Middle Initial	FUJIMURA
**Inve	entor's Signature:	Urshihiko	Fujimura-	Family Name
	e of Signature:	11 / 13	12003	,·····································
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Residence:		sawa-shi	Kanagawa	<u>JAPAN</u>
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	ritten Full Name			
f Fifth Joint Inver	utor (if any)			***
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N te t Invent rs: Please sign name exactly as it appears and insert the actual date of signing.

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